

POSITION	ID NO.	DATE
CLASSIFIER		4/10/97
EXAMINER	100	6/11/97
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
1	10/10/96
2	10/10/96
3	10/10/96
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## SYMBOLS

- ✓ Rejected
- Allowed
- = (Through number) Canceled
- † Restricted
- N Non-elected
- Interference
- A Appeal
- O Objected

Claim	Date
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